

Case Number:	CM13-0009154		
Date Assigned:	12/04/2013	Date of Injury:	01/19/2012
Decision Date:	02/11/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is [REDACTED] employee, who has filed a claim for chronic neck, bilateral shoulder, and elbow pain reportedly associated with an industrial injury of January 19, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; a TENS unit; unspecified amounts of acupuncture; apparent imposition of permanent work restrictions through an Agreed Medical Evaluation; and MRI imaging of the injured shoulder of August 19, 2013, reportedly interpreted as normal. In a Utilization Review Report of August 2, 2013, the claims administrator denied a request for topical compounded Terocin lotion. The applicant's attorney subsequently appealed. Prior handwritten notes of September 16, 2013, October 1, 2013, October 21, 2013, August 29, 2013, and August 12, 2013 are reviewed. It does appear that the applicant was issued with a Terocin lotion on August 12, 2013. The notes are handwritten and difficult to follow. The applicant's work status is not detailed. The applicant is given refills of various topical agents on various occasions, and, one occasion, is given Methoderm gel alongside oral glucosamine sulfate.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

(1) Terocin cream dispensed on July 17, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section; Functional improvement Page(s): 11.

Decision rationale: As noted on page 111 of the California MTUS Chronic Medical Treatment Guidelines, topical agents and topical compounds such as Terocin are "largely experimental," to be employed for neuropathic pain when trials of oral antidepressants and/or anticonvulsants have failed. In this case, however, there is no evidence of intolerance to and/or failure of oral analgesic and/or adjuvant medications, which might make a case for usage of the topical Terocin containing compound. The attending provider has not clearly detailed the applicant's previous response to Terocin, it is further noted. However, the fact that the applicant is using several other topical agents, including Mentoderm and also concurrently pursuing chiropractic manipulative therapy and acupuncture, taken together, implies a lack of functional improvement as defined in the MTUS despite prior usage of Terocin. Therefore, the compound is retrospectively is not medically necessary or appropriate.